

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH DAKOTA

In re:)	Bankruptcy Case No. 15-50037
)	Chapter 13
KATHY LYNN TRIPP)	
SSN/ITIN: xxx-xx-5548)	PLAN DATED MARCH 10, 2015
)	
Debtor.)	

1. Payments by Debtor to Trustee.

Debtor will pay the trustee \$350.00 per month for a total of 60 months (the "plan term"), for a total of \$21,000.00. Debtor will also turn over to the trustee 100% of her federal income tax refunds, after any statutory off-set by the IRS, for tax years 2015, 2016, 2017, 2018 and 2019. Debtor will make the first plan payment on or before April 10, 2015 and the last plan payment on or before March 10, 2020.

2. Payments by Trustee to Administrative Expense Holders and Creditors.

a. Administrative Expenses (priority claim).

<i>Creditor</i>	<i>Claim</i>	<i>Payment</i>	<i>Months</i>	<i>Total</i>
Stan H. Anker, Esq.	\$3,591.00 (estimated)	\$315.00	1-12	\$3,591.00

This priority claim will not be paid until Debtor's Attorney files an application for compensation and reimbursement and the Court approves that application. The actual amount of the monthly payment will be calculated based on the Court's separate order awarding compensation and reimbursement. If the Court awards fees that total less than the above estimate, unsecured creditors may ultimately receive a distribution that is more than the estimate shown below. If the Court awards fees that total more than the above estimate, Debtor may file a motion to modify the confirmed plan to provide for those additional fees. If the modification is approved, unsecured creditors may receive a distribution that is less than what is set forth in this plan.

b. Other Priority Claims. None

c. Secured Claims - Arrearage Only. None

d. Other Secured Claims. None

e. Unsecured, Non-priority Claims. After making the payments to priority and secured creditors described above, if any, the trustee will distribute the balance of the payments made by the Debtor to the unsecured creditors who timely file a proof of claim. If an unsecured creditor receives appropriate notice of the case but fails to timely file a proof of claim, that unsecured creditor's claim will be discharged to the extent set forth in 11 U.S.C. § 1328(a) when Debtor completes all plan payments. If all unsecured

creditors known to the Debtor timely filed proofs of claim, each unsecured creditor will be paid approximately 65.37% of its claim.

f. Disbursements by the Trustee. After deducting his statutory fee allowance, the trustee will disburse available funds first to claims with installment payment schedules in the following order: administrative expenses, including attorney fees, unsecured priority claims, and secured claims. Thereafter, the trustee will disburse available funds to claims without installment payment schedules in the following order: administrative expenses, including attorney fees, priority claims, and unsecured non-priority claims.

3. **Payments by Debtor Directly to Creditors.**

a. Secured Claims Not in Default.

<u>Creditor</u>	<u>Claim</u>	<u>Payment</u>	<u>Frequency</u>
Northern Hills FCU -- auto loan	\$12,611.55	210.00	monthly

Debtor will make all required regular payments on this secured claim not in default until paid in full according to the terms of the original agreement between the Debtor and this creditor. The payments to this creditor will be made directly to this creditor, not to the trustee, and will not be subject to the trustee's supervision or control. This creditor will receive no payment in any amount from the trustee on account of this claim. Northern Hill Federal Credit Union will retain its lien until its secured claim is paid in full.

b. Secured Claims in Default. None.

c. Assumption of Lease. Debtor assumes her residential lease for the property located at 1131 DeSmet Court, Box Elder, SD 57719.

4. **Disposable Income.** All of Debtor's disposable income to be received during the plan term will be applied to make payments under this Plan.

5. **Other Provisions.**

a. Filing and paying taxes. Debtor agrees to timely file all post-petition federal, state, and local tax returns, and to pay all post-petition taxes as they come due.

b. Satisfaction of Judgments. Upon the entry of an order of discharge in this case, those creditors holding judgments against the Debtor on the petition date, shall file with the appropriate court a satisfaction and discharge of each judgment.

c. Modification of Plan. If the Debtor's circumstances change, Debtor may file a motion to modify the confirmed plan. If that modification is approved, unsecured creditors may receive a distribution that is less than set forth in this plan.

d. Vesting of Property. All property of the estate shall, upon confirmation of this plan, vest in the Debtor.

6. Attachments. Attached to this plan and incorporated by reference is a liquidation analysis that demonstrates creditors will receive as much or more under this plan than they would if Debtor's non-exempt assets were liquidated in a Chapter 7 bankruptcy. Also attached is an Exhibit Form 22C-1, Exhibit Form 22C-2, Exhibit I and Exhibit J showing how the monthly plan payment was arrived at.

Dated: March 10, 2015.


Kathy Lynn Tripp

Dated: March 10, 2015.

ANKER LAW GROUP, P.C.


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Attachment A - Liquidation Analysis
In re: KATHY LYNN TRIPP
Bankr. Case No. 15-50xxx

	<u>Market Value</u>	<u>Valid Encumbrances</u>	<u>Exemption Claimed</u>	<u>Equity for Creditors</u>
<u>Real Property:</u>				
None				
<u>Vehicles:</u>				
2011 Jeep Patriot (Northern Hills FCU)	13,700.00	12,611.55	299.40	789.05
1990 Lund boat/1990 Midwest trailer	837.50		0.00	837.50
<u>Personal Property:</u>				
Cash	20.00		20.00	0.00
Bank Accounts	315.60		315.60	0.00
Household Goods	2,881.00		2,881.00	0.00
Wearing Apparel	320.00		320.00	0.00
Jewelry	605.00		605.00	0.00
Other personal property	172.00		172.00	0.00
Thrift Savings Plan	6,448.08		6,448.08	0.00
Earned but unpaid wages	583.00		583.00	0.00
Estimated 2015 tax refund	124.00		124.00	0.00
Totals:	26,006.18	12,611.55	11,768.08	
TOTAL AVAILABLE EQUITY:				1,626.55

☐ Check if this is an amended filing

page 1

Debtor 1

Kathy Lynn Tripp

First Name Middle Name

Last Name

Case number (if known) **15-50037**Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse

7. Interest, dividends, and royalties

\$ 0.00

\$ 0.00

8. Unemployment compensation

\$ 0.00

\$ 0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ↓

For you \$ 0.00

For your spouse \$ 0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$ 0.00

\$ 0.00

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.

10a. **VA Benefit: Dependency and Indemnity Compensation**

\$ 1,254.19

\$ 0.00

10b.

\$

\$

10c. Total amounts from separate pages, if any.

+ \$ 0.00

+ \$ 0.00

11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 3,683.47

+

\$ 0.00

= \$3,683.47

Total average
monthly income**Part 2: Determine How to Measure Your Deductions from Income**

12. Copy your total average monthly income from line 11.

\$ 3,683.47

13. Calculate the marital adjustment. Check one:

☒ You are not married. Fill in 0 in line 13d.☐ You are married and your spouse is filing with you. Fill in 0 in line 13d.☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

In lines 13a-c, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 on line 13d.

13a.

\$

13b.

\$

13c.

+ \$

13d. Total

\$ 0.00

Copy here. → 13d.

0.00

14. Your current monthly income. Subtract line 13d from line 12.

14.

\$ 3,683.47

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here → 15a.

\$ 3,683.47

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form.

15b.

\$ 44,201.64

Debtor 1

Kathy Lynn Tripp

First Name Middle Name

Last Name

Case number (if known) **15-50037****16. Calculate the median family income that applies to you.** Follow these steps:

16a. Fill in the state in which you live.

South Dakota

16b. Fill in the number of people in your household.

1

16c. Fill in the median family income for your state and size of household. 16c.

\$ 40,427.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Disposable Income* (Official Form 22C-2).17b. ☒ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Disposable Income (Official Form 22C-2).** On line 39 of that form, copy your current monthly income from line 14 above.**Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)****18. Copy your total average monthly income from line 11.** 18.**\$ 3,683.47****19. Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13d.

If the marital adjustment does not apply, fill in 0 on line 19a.

19a. — \$ **0.00****Subtract line 19a from line 18.**19b. **\$ 3,683.47****20. Calculate your current monthly income for the year.** Follow these steps:

20a. Copy line 19b. 20a.

\$ 3,683.47

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form.

20b. **\$ 44,201.64**

20c. Copy the median family income for your state and size of household from line 16c.

\$ 40,427.00**21. How do the lines compare?**☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.☒ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

x Kathy Tripp

Signature of Debtor 1

x

Signature of Debtor 2

Date **03/10/2015**

MM / DD / YYYY

Date

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 22C-2.

If you checked 17b, fill out Form 22C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1 **Kathy Lynn Tripp**
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **District of South Dakota**

Case number **15-50037**
 (If known)

☐ Check if this is an amended filing

Official Form 22C-2

Chapter 13 Calculation of Your Disposable Income

12/14

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 22C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 22C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 22C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

- 6. Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ **583.00**

- 7. Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Debtor 1

Kathy Lynn Tripp

First Name Middle Name

Last Name

Case number (if known) **15-50037****People who are under 65 years of age**7a. Out-of-pocket health care allowance per person \$ 60.007b. Number of people who are under 65 X 1

7c. Subtotal. Multiply line 7a by line 7b.

\$ 60.00Copy line
7c here → \$ 60.00**People who are 65 years of age or older**7d. Out-of-pocket health care allowance per person \$ 144.007e. Number of people who are 65 or older X 0

7f. Subtotal. Multiply line 7d by line 7e.

\$ 0.00Copy line
7f here → + \$ 0.00

7g. Total. Add lines 7c and 7f.

\$ 60.00Copy total
here →

7g.

\$ 60.00**Local
Standards**

You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities – Insurance and operating expenses
- Housing and utilities – Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities – Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses.

\$ 399.00

9. **Housing and utilities – Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.

\$ 915.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor

Average monthly
payment

_____ \$ _____

_____ \$ _____

_____ + \$ _____

9b. Total average monthly payment

\$ 0.00Copy line
9b here → - \$ 0.00Repeat this amount
on line 33a.

- 9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

\$ 915.00

Copy 9c here →

\$ 915.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

\$ 0.00

Explain why:

Debtor 1

Kathy Lynn Tripp

First Name Middle Name

Last Name

Case number (if known) **15-50037**11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
- ☒ 1. Go to line 12.
- ☐ 2 or more. Go to line 12

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.**\$ 212.00**13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: 2011 Jeep Patriot

13a. Ownership or leasing costs using IRS Local Standard

13a. \$ 517.00

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1

Average monthly payment

Northern Hills Federal Credit Union \$ 210.19

Copy 13b here →

— \$ 210.19

Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this number is less than \$0, enter \$0. 13c.

\$ 306.81

Copy net Vehicle 1 expense here →

\$ 306.81

Vehicle 2 Describe Vehicle 2: _____

13d. Ownership or leasing costs using IRS Local Standard

13d. \$ 0.00

13e. Average monthly payment for all debts secured by Vehicle 2.

Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2

Average monthly payment

_____ \$ 0.00

Copy here →

— \$ 0.00

Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from 13d. If this number is less than \$0, enter \$0. 13f.

\$ 0.00

Copy net Vehicle 2 expense here →

\$ 0.0014. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.**\$ 0.00**15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.**\$ 0.00**

Debtor 1

Kathy Lynn Tripp

First Name Middle Name

Last Name

Case number (if known) **15-50037****Other Necessary Expenses**

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. \$ 353.00
Do not include real estate, sales, or use taxes.
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. \$ 0.00
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.
18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. \$ 12.00
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. \$ 0.00
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.
20. **Education:** The total monthly amount that you pay for education that is either required:
☐ as a condition for your job, or \$ 0.00
☐ for your physically or mentally challenged dependent child if no public education is available for similar services.
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$ 0.00
Do not include payments for any elementary or secondary school education.
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. \$ 0.00
Payments for health insurance or health savings accounts should be listed only in line 25.
23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. + \$ 0.00
Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 22C-1, or any amount you previously deducted.
24. **Add all of the expenses allowed under the IRS expense allowances.** **\$2,840.81**
Add lines 6 through 23.

Additional Expense Deductions

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance	\$	<u>353.00</u>
Disability insurance	\$	<u>0.00</u>
Health savings account	+	\$ <u>0.00</u>
Total	\$	<u>353.00</u>

Copy total here → \$ 353.00

Do you actually spend this total amount?

- ☐ No. How much do you actually spend? \$ 0.00
- ☒ Yes

26. **Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. \$ 0.00
27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$ 0.00
By law, the court must keep the nature of these expenses confidential.

Debtor 1

Kathy Lynn Tripp

First Name Middle Name

Last Name

Case number (if known) **15-50037**

28. **Additional home energy costs.** Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs.

\$ 0.00

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

\$ 0.00

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment.

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

\$ 0.00

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)3 and (4).

+ 0.00

Do not include any amount more than 15% of your gross monthly income.

32. **Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ 335.00

Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

		Average monthly payment
Mortgages on your home		
33a. Copy line 9b here	→	\$ <u>0.00</u>
Loans on your first two vehicles		
33b. Copy line 13b here.	→	\$ <u>210.19</u>
33c. Copy line 13e here.	→	\$ <u>0.00</u>
Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?
33d. <u>Northern Hills Federal Credit Union</u>	<u>Automobile (1)</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
33e. _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
33f. _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
33g. Total average monthly payment. Add lines 33a through 33f.		\$ <u>210.19</u>

Copy total here →

\$ 210.19

Debtor 1

Kathy Lynn Tripp

First Name Middle Name

Last Name

Case number (if known) **15-50037****34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?**☒ No. Go to line 35.☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
_____	_____	\$ _____ ÷ 60 =	\$ _____
_____	_____	\$ _____ ÷ 60 =	\$ _____
_____	_____	\$ _____ ÷ 60 =	\$ _____
Total			<div style="border: 1px solid black; padding: 2px;">\$ 0.00</div> <div style="display: inline-block; vertical-align: middle;">Copy total here →</div> <div style="border: 1px solid black; padding: 2px; margin-left: 10px;">\$ 0.00</div>

35. Do you owe any priority claims—such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.☒ No. Go to line 36.☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.Total amount of all past-due priority claims. \$ **0.00** ÷ 60 \$ **0.00****36. Projected monthly Chapter 13 plan payment**\$ **17.57**

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

x **10.0%**

Average monthly administrative expense

\$ **17.57**

Copy total here →

\$ **17.57**

37. Add all of the deductions for debt payment. Add lines 33g through 36.\$ **227.76****Total Deductions from Income****38. Add all of the allowed deductions.**Copy line 24, All of the expenses allowed under IRS expense allowances..... \$ **2,840.81**Copy line 32, All of the additional expense deductions..... \$ **335.00**Copy line 37, All of the deductions for debt payment..... + \$ **227.76**

Total deductions

\$ **3,403.57**

Copy total here →

\$ **3,403.57**

Debtor 1

Kathy Lynn Tripp

First Name Middle Name

Last Name

Case number (if known) **15-50037**

Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. **Copy your total current monthly income from line 14 of Form 22C-1, Chapter 13**
Statement of Your Current Monthly Income and Calculation of Commitment Period. **\$ 3,683.47**

40. Fill in any reasonably necessary income you receive for support for dependent children.

The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 22C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.

\$ 0.00

41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).

\$ 121.78

42. **Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).** Copy line 38 here \$ 3,403.57

43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances

Amount of expense

43a. _____ \$ _____

43b. _____ \$

43c. _____ + \$ _____

43d. **Total.** Add lines 43a through 43c.....

\$ 0.00

Copy 43d
here ➔

+\$ 0.00

44. **Total adjustments.** Add lines 40 and 43d. ➔ \$ 3,525.35 Copy total here ➔ - \$3,525.35

45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.

\$ 158.12

Part 3: Change in Income or Expenses

46. Change in income or expenses. If the income in Form 22C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	\$
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	\$
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	\$
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	\$
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	

Debtor 1

Kathy Lynn Tripp

First Name

Middle Name

Last Name

Case number (if known) **15-50037**

Part 4:

Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

x

Kathy Tripp

Signature of Debtor 1

Date

03/10/2015

MM / DD / YYYY

x

Signature of Debtor 2

Date

MM / DD / YYYY

Debtor 1

Kathy Lynn Tripp

First Name Middle Name

Last Name

Case number (if known) 15-50037

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ 2,429.28	\$
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 353.00	\$
5b. Mandatory contributions for retirement plans	5b. \$ 19.44	\$
5c. Voluntary contributions for retirement plans	5c. \$ 72.88	\$
5d. Required repayments of retirement fund loans	5d. \$ 29.46	\$
5e. Insurance	5e. \$ 334.83	\$
5f. Domestic support obligations	5f. \$ 0.00	\$
5g. Union dues	5g. \$ 0.00	\$
5h. Other deductions. Specify: _____	5h. + \$ 0.00	+ \$
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 809.61	\$
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 1,619.67	\$
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$
8b. Interest and dividends	8b. \$ 0.00	\$
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$
8d. Unemployment compensation	8d. \$ 0.00	\$
8e. Social Security	8e. \$ 0.00	\$
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$
8g. Pension or retirement income	8g. \$ 0.00	\$
8h. Other monthly income. Specify: <u>VA Dependency And Indemnity</u>	8h. + \$ 1,254.00	+ \$
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 1,254.00	\$
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,873.67	\$
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 2,873.67	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: <u>None</u>		

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

12/13

Part 1: Describe Your Household

- ## Part 2: Estimate Your Ongoing Monthly Expenses

4d. \$ 0.00

Debtor 1

Kathy Lynn Tripp

First Name Middle Name Last Name

Case number (if known) **15-50037****Your expenses**

5. Additional mortgage payments for your residence , such as home equity loans	5.	\$	<u>0.00</u>
6. Utilities:			
6a. Electricity, heat, natural gas	6a.	\$	<u>0.00</u>
6b. Water, sewer, garbage collection	6b.	\$	<u>0.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	<u>329.00</u>
6d. Other. Specify: _____	6d.	\$	<u>0.00</u>
7. Food and housekeeping supplies	7.	\$	<u>500.00</u>
8. Childcare and children's education costs	8.	\$	<u>0.00</u>
9. Clothing, laundry, and dry cleaning	9.	\$	<u>50.00</u>
10. Personal care products and services	10.	\$	<u>25.00</u>
11. Medical and dental expenses	11.	\$	<u>56.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	<u>210.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	<u>100.00</u>
14. Charitable contributions and religious donations	14.	\$	<u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
15a. Life insurance	15a.	\$	<u>0.00</u>
15b. Health insurance	15b.	\$	<u>0.00</u>
15c. Vehicle insurance	15c.	\$	<u>75.00</u>
15d. Other insurance. Specify: _____	15d.	\$	<u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	\$	<u>0.00</u>
17. Installment or lease payments:			
17a. Car payments for Vehicle 1	17a.	\$	<u>210.00</u>
17b. Car payments for Vehicle 2	17b.	\$	<u>0.00</u>
17c. Other. Specify: <u>Boat Storage Unit</u>	17c.	\$	<u>13.00</u>
17d. Other. Specify: _____	17d.	\$	<u> </u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18.	\$	<u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19.	\$	<u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.			
20a. Mortgages on other property	20a.	\$	<u>0.00</u>
20b. Real estate taxes	20b.	\$	<u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c.	\$	<u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d.	\$	<u>0.00</u>
20e. Homeowner's association or condominium dues	20e.	\$	<u>0.00</u>

Debtor 1

Kathy Lynn Tripp

First Name Middle Name LastName

Case number (if known) **15-50037**21. **Other.** Specify: _____21. **+\$ 0.00**22. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. **\$ 2,523.00**23. **Calculate your monthly net income.**23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.23a. **\$ 2,873.67**

23b. Copy your monthly expenses from line 22 above.

23b. **-\$ 2,523.00**

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.23c. **\$ 350.67**24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

None